Decentralization of ART to TB settings and its effect on ART uptake and Retention in Zimbabwe

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Presentation Outline

• Background to HIV and TB burden
• Models of ART and TB service provision
• Comparison of performance between the national program and TB/HIV integrated facilities
• Lessons learnt
Country Perspective

- Zimbabwe ranked among 22 highest burdened countries for TB
  - Estimated HIV prevalence (adults): 15% (ZDHS 2010/2011)
  - Number of PLHIV: 1.2 million (200,615 being children - HIV Estimates 2011)
  - Estimated incidence of new TB cases 633 per 100 000 in 2010 compared to 97 per 100 000 in 1990 (2012 Global TB Report)

- ~75% of adult TB cases HIV co-infected**
Models of ART and TB Service Provision

• ART and TB treatment is offered by the same nurse on the same day in most urban clinics and other settings

• Separate ART and TB clinics in some facilities
  – ART being run daily and TB clinics on specific days of the week (mostly at provincial and district levels)

• TB services offered at all 1560 health facilities in the country
  – Approx 200 facilities offer diagnostics & treatment services, rest of facilities refer specimens for testing at diagnostic sites & offer treatment if sputum positive)

• As at end of 2012, 980 facilities offering ART services (220 initiating & 760 follow up sites)
ART Sites Against ART Coverage (2004 - 2012)
Coverage of ART in TB Patients 2007-2011

Coverage (%)

- % tested
- % HIV positive
- % on Cotrimoxazole
- % on ART

Years:
- 2007
- 2008
- 2009
- 2010
- 2011
<table>
<thead>
<tr>
<th>City</th>
<th>No notified TB pts</th>
<th>No (%) tested for HIV</th>
<th>No (%) HIV-positive</th>
<th>No (%) HIV+ on CPT*</th>
<th>No (%) HIV+ on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulawayo</td>
<td>2,056</td>
<td>1,802 (89)</td>
<td>1,545 (86)</td>
<td>1,238 (80)</td>
<td>1,265 (85)</td>
</tr>
<tr>
<td>Harare</td>
<td>1,923</td>
<td>1,754 (91)</td>
<td>1,308 (75)</td>
<td>1,120 (86)</td>
<td>916 (70)</td>
</tr>
<tr>
<td>Total</td>
<td>3,979</td>
<td>3,556 (89)</td>
<td>2,853 (80)</td>
<td>2,358 (83)</td>
<td>2,181 (76)</td>
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Data source: Monthly reports
*From Jan 2009-Sept 2012
# TB HIV indicators

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<tbody>
<tr>
<td>TB patients with known HIV status</td>
<td>89</td>
<td>85</td>
<td>63</td>
</tr>
<tr>
<td>HIV-positive TB patients</td>
<td>80</td>
<td>71 / 78</td>
<td>46</td>
</tr>
<tr>
<td>HIV-positive TB patients on CPT</td>
<td>83</td>
<td>87 (2010)</td>
<td>79</td>
</tr>
<tr>
<td>HIV-positive TB patients on ART</td>
<td>76</td>
<td>67* (Q1 - Q3 2011)</td>
<td>46</td>
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Time (Median) from TB Treatment Start to ART Initiation from 2008-2011
Lessons Learnt

• Integrate HIV services into TB care – One stop shop
• Capacitate nurses to provide services – task shifting
  – Initiate ART in PTB+ patients
  – Initiate ART in children, pregnant women and PLHIV (with/out TB)
  – Ensure follow up and recording and reporting
• Ensure strong TB control services
  – Decentralize HIV/TB services to shorten diagnostic delay
  – Ensure all facilities offering Tb services also offer ART
  – Daily DOT supported by HCWs and/or community in IP
• Polyvalent HCWs who can offer all services
• Recording and reporting essential for data driven supportive supervision
Thank You

Mazvita

Obrigado